

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	UT	60607	215100
O.I.P.E. CLASSIFIER			-00
FCRMLITY REVIEW	GVP	66793	01/06/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
1 ①	12/13/02
2 ②	v
3 ③	v
4 ④	v
5 ⑤	v
6 ⑥	v
7 ⑦	v
8 ⑧	v
9 ⑨	v
10 ⑩	v
11 ⑪	v
13 ⑬	v
12 13	v
14 14	v
15 ⑯	v
16 ⑯	v
7 17	v
18 ⑯	v
20 ⑯	v
19 20	v v
21 21	v v =
22 ⑯	N
23 ⑯	N
26 29	N
30	N
27 31	N
28 32	N
29 33	N
30 34	N
24 35	N
25 36	N
31 37	N
32 38	N
33 39	N
34 40	N
35 41	N
42	N
36 43	N
37 44	N
38 45	N
34 46	v
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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